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similar theory regarding hemianopic hallucinations. With these latter there usually coexists other focal symptoms, such a paraphasia, paragraphia, hemianæsthesia, etc. He argues against the functional nature of the disturbance, basing his theory on the clinical material at hand. These hallucinations may be mere light phantasms, color disorders with changing of colors, animals, vague figures and phantoms, colored lights and planes, and lines and figures moving in snake-like gyrations. Sometimes the figures are sharply defined, at others they may present a hazy "fringe."

Ueber Ermüdungskurven bei Gesunden, Neurosen und Psychosen.

DR. BREUKINK. Monat. f. Psychiatrie und Neurologie. Bd. XV. H. 4, April, 1904.

The work was done in the psychological laboratory of the psychiatric clinics of Utrecht and Halle. The ergograph of Kraepelin was used with weights of 5, 4 and 3 kilograms. The lifting was carried on to exhaustion with a pause of two minutes between each series of curves, and the rhythm was registered by the metronome. In the illustrations the following ergograms are given: hysteria without any particular motor symptoms, neurasthenia, multiple sclerosis with one-sided hemi-paresis (the curve being taken with the left hand), chorea minor almost entirely confined to the left side with a curve of a permanent contraction in the same patient, and two curves from a case of dystrophia muscularis progressiva. The author draws the following conclusions. In healthy individuals there is ordinarily found a high convexity in the commencement of the curve. In many cases of hysteria, which psychically showed only the well known psychopathic constitution, there is often found a remarkable giving out which soon passes away, so that in these cases, after the pause of two minutes there may be the same or even a greater number of liftings than before the pause. In most cases of neurasthenia, the course of the height of the exhaustion curve was straight or concave. In chorea the involuntary contraction soon strengthened, but then weakened, so that the curve had a very irregular fall. The retardation of the fatigue was also remarkable. In cases of organic cerebral hemi-paresis (multiple sclerosis, brain thrombosis, general paralysis) the number of the liftings and the mechanical work of the paralyzed side is less, while the average lift height is about the same as on the healthy side. In a case of dystrophia muscularis progressiva, it was observed on the contrary that with a small average lift height, the number of liftings was disproportionately large.

[For further applications of the ergograph to psychiatry see "Ueber die Wirkung der Theebestandtheile auf körperliche und geistige Arbeit," by A. Hoch and F. Kraepelin, *Psychologische Arbeiten*. Bb. I, H. 2 and 3, where it is applied to the mental and physical effects of caffeine and the ethereal oils of tea; also "On Certain Studies with the Ergograph," by A. Hoch, *Journal of Nervous and Mental Diseases*, Vol. XXVIII, p. 620, 1902, where there are given graphic studies of retardation and inhibition on the voluntary motor processes in the depressed phase of manic-depressive insanity, and finally the same writer's review of psychological and physiological experiments done in connection with mental diseases, *Psychological Bulletin*, Vol. I, Nos. 7-8, June 15, 1904.]

Vergleichende Psychiatrie. F. KRAEPELIN. Centralblatt für Nervenheilkunde und Psychiatrie. Bb. XV. July, 1904.

This highly suggestive paper, is we believe, the first serious contribution to comparative psychiatry. The observations were made in the

insane asylum of Buitenzorg in Java, under the direction of Dr. Hoffman. It discusses the important question, whether individual and racial peculiarities and habits, as well as the sociological status of patients, have any visible bearing upon their mental disturbances. In the study of the cases, we must look, not upon a temporary symptom-complex, but upon the complete disease picture from its earliest development and along the entire line of its evolution. There were no cases of alcoholism in the native born, while fifty Europeans in the asylum were strongly alcoholic. Opium delirium is seldom seen among the Chinese, while malarial psychoses are quite rare. Epilepsy occurred eight times among the native born, and twice in Europeans. In 370 native patients there was not one case of general paralysis or brain syphilis, whereas among the fifty Europeans in the same asylum there were eight cases of general paralysis. Dementia præcox was more prevalent among the natives, but the course of katatonia, when it occurred was very mild. Manic-depressive insanity was seldom met with, and its different phases were less prominent than among Europeans. Delusions when present were weak and almost never systematized, while auditory hallucinations were rare, this probably being due to the fact that thinking was carried on without the aid of auditory images.

The two diseases most prevalent among the Malays are Amok and Látah. The latter, which is probably not a clinical entity, shows automatisms with coprolalia and clouding of the consciousness. Many of its manifestations are hysteriform in nature, whereas the blind fury of Amok seems to be related on the one hand to katatonia, and on the other to psychic epilepsy.

[Both folk psychology and comparative psychiatry in connection with individual and racial peculiarities are becoming of great importance in the study of mental disturbances. Among the more primitive peoples, with an undeveloped and non-flexible language, it would be interesting to note how far sound associations enter into the productions of the manic phases of manic-depressive insanity. Also the modern developments of science would seem to furnish a fruitful field for the study of the genesis and content of hallucinations and delusions, and especially the frequent explanation of the latter as being based on electrical influence or telephonic or phonographic communication. Negroes seem especially prone to a blind, religious exaltation, both as individuals and by psychic contagion in their revivals and camp meetings. This exaltation may comprise the entire mental disturbance, or it may be merely an episode in a fundamental psychosis. In katatonia in Russian Hebrews, the religious coloring is derived from Old Testament conceptions of Jehovah or from later rabbinical lore and superstitions. Refusal of food among them has often a religious and not a delusional basis. The few Chinese patients that we have observed, have shown religious ideas that were at once a combination of Christianity and the teachings of Confucianism. The native language of patients has frequently a great influence in the production of their auditory hallucinations, for, in English speaking patients of foreign birth, the imaginary voices are nearly always in their mother tongue. Urban districts are almost entirely free from syphilis and consequently from general paralysis. The occurrence of pellagrous insanity in Italy and of hasheesh delirium in Egypt and India are also well known examples, while the long continued solitary meditation of the mediæval mystics, with the irbeatific visions, and of the Hindoo priests may also have a bearing on the production of certain psychoses, if indeed they are not the mental disturbances themselves.]